

| SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM                                                                                                  |                  |                                     |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------|----------------|
| <input type="checkbox"/>                                                                                                                         | UNCLASSIFIED     | <input type="checkbox"/>            | CONFIDENTIAL   |
| <input type="checkbox"/>                                                                                                                         |                  | <input checked="" type="checkbox"/> | SECRET         |
| CENTRAL INTELLIGENCE AGENCY<br>OFFICIAL ROUTING SLIP                                                                                             |                  |                                     |                |
| TO                                                                                                                                               | NAME AND ADDRESS | INITIALS                            | DATE           |
| 1                                                                                                                                                | PC               |                                     |                |
| 2                                                                                                                                                |                  |                                     |                |
| 3                                                                                                                                                |                  |                                     |                |
| 4                                                                                                                                                |                  |                                     |                |
| 5                                                                                                                                                |                  |                                     |                |
| 6                                                                                                                                                |                  |                                     |                |
| <input type="checkbox"/>                                                                                                                         | ACTION           | <input type="checkbox"/>            | DIRECT REPLY   |
| <input type="checkbox"/>                                                                                                                         | APPROVAL         | <input type="checkbox"/>            | DISPATCH       |
| <input type="checkbox"/>                                                                                                                         | COMMENT          | <input type="checkbox"/>            | FILE           |
| <input type="checkbox"/>                                                                                                                         | CONCURRENCE      | <input type="checkbox"/>            | INFORMATION    |
| <input type="checkbox"/>                                                                                                                         |                  | <input type="checkbox"/>            | PREPARE REPLY  |
| <input type="checkbox"/>                                                                                                                         |                  | <input type="checkbox"/>            | RECOMMENDATION |
| <input type="checkbox"/>                                                                                                                         |                  | <input type="checkbox"/>            | RETURN         |
| <input type="checkbox"/>                                                                                                                         |                  | <input type="checkbox"/>            | SIGNATURE      |
| Remarks: For your speech file.<br>Given to the OTR operations<br>course, 29 Mar 1958<br><div style="text-align: right;"><i>[Signature]</i></div> |                  |                                     |                |
| FOLD HERE TO RETURN TO SENDER                                                                                                                    |                  |                                     |                |
| FROM: NAME, ADDRESS AND PHONE NO.                                                                                                                |                  |                                     | DATE           |
| Ch / D/m                                                                                                                                         |                  |                                     |                |
| <input type="checkbox"/>                                                                                                                         | UNCLASSIFIED     | <input type="checkbox"/>            | CONFIDENTIAL   |
| <input type="checkbox"/>                                                                                                                         |                  | <input checked="" type="checkbox"/> | SECRET         |

FORM NO. 237 APR 55 (40)  
 Replaces Form 30-4 which may be used.  
 U. S. GOVERNMENT PRINTING OFFICE: 1955—O—342531